STARS

US DEPARTMENT OF ENERGY STANDARD ACCOUNTING AND REPORTING SYSTEM REQUEST FOR INTERFACE SYSTEM ACCESS

	REQUEST FOR INTERFACE SYSTEM ACCESS		
REQUESTOR'S NAME (PRINT)		BUSINESS ADDRESS (US MAIL)	
E-MAIL ADDRESS			
DOE SATELLITE OFFICE OR HQ PROGRAM OFFICE NAME			
BUSINESS PHONE NUMBER			
REQUESTOR IS AN EMPLOYEE OF			
□ DOE	☐ CONTRACTOR		
IF CONTRACTOR PLEASE PROVIDE COMPANY NAME			
NAME OF SY	STEM INTERFACING WITH STARS		
IP AC	DDRESS OF INTERFACED SYSTEM		
(OR IP OF FIREWALL / PROXY) ACCESS METHOD			
FILE UPLOAD VIA WEB PAGE ☐ SECURE FILE TRANSFER (SFTP – SSH2) ☐			
REQUESTOR SIGNATURE			
SIGNATURE			DATE
DOE STARS IT TEAM APPROVAL			
SIGNATURE			DATE
STARS PROJECT MANAGER APPR	ROVAL	L	
SIGNATURE			DATE
ASSIGNED LOGON ID		COMMENTS	